

BOBBY SHAWN JANOE
 PLAINTIFF/PETITIONER/MOVANT'S NAME
 J25333
 PRISON NUMBER
 CORCORAN STATE PRISON
 PLACE OF CONFINEMENT
 CSATF/SP P.O.BOX 5244
 ADDRESS Corcoran CA 93212

| | |
|---|--|
| 2254 | 1983 |
| FILING FEE PAID | |
| Yes | No <input checked="" type="checkbox"/> |
| BY MOTION FILED | |
| Yes <input checked="" type="checkbox"/> | No |
| CONSENT TO | |
| Court <input checked="" type="checkbox"/> | ProSe |

| |
|--|
| FILED |
| AUG 29 2008 |
| CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY <i>BM</i> DEPUTY |

United States District Court
 Southern District Of California

BOBBY SHAWN JANOE

Plaintiff/Petitioner/Movant

v.

K. RASKE

Defendant/Respondent

'08 CV 1603 L CAB
 Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
 PAUPERIS**

I, BOBBY SHAWN JANOE

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. December 1991 was the
last time I was employed. My take home pay was about 20,000 a
month. My employer was Albertsons Grocery Stores.

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| h. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☒ Yes ☐ No

- a. Make: Dodge Truck Year: 1969 Model: D200
 b. Is it financed? ☐ Yes ☒ No
 c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. Myself

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets (include any items of value held in someone else's name)): None

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

I am in state prison and as such, I am forced to do without the
source of funds for my day to day expenses. The state prison
system has no industries in the maximum security facilities.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

8/26/08

DATE

Billy S. Janoe

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Bobby Shawn Jarvie
(NAME OF INMATE)

J 25333
(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at

C S A T F
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ 0

and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT, PER 28 U.S.C. § 1915(a)(2).

8-19-08
DATE

M. Jordan
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

M. Jordan
OFFICER'S FULL NAME (PRINTED)

Account Clerk II
OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Bobby S. Janoe J85333 request and authorize the agency
(Name of Prisoner/ CDC No.)
holding me in custody, to prepare for the Clerk of the United States Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of fees for which I am obligated is either ☐ \$120 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

7/28/08

Date

Bobby S. Janoe
Signature of Prisoner

REPORT ID: TS3030 .701

REPORT DATE: 08/12/08
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS
SATEF/SP AT CORCORAN
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2008 THRU AUG. 12, 2008

ACCOUNT NUMBER : J25333
ACCOUNT NAME : JANOE, BOBBY SHAWN
PRIVILEGE GROUP: B
BED/CELL NUMBER: FCB1T10000000120L
ACCOUNT TYPE: I
TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

| CURRENT HOLDS IN EFFECT | | | |
|-------------------------|--------------|--------------------|-------------|
| DATE PLACED | HOLD CODE | DESCRIPTION | HOLD AMOUNT |
| 07/23/2008 | H109 | LEGAL POSTAGE HOLD | 0.76 |
| 07/23/2008 | H109 | LEGAL POSTAGE HOLD | 0.59 |
| 07/23/2008 | H109 | LEGAL POSTAGE HOLD | 0.59 |
| 07/28/2008 | H109 | LEGAL POSTAGE HOLD | 0.42 |
| 07/28/2008 | H109 | LEGAL POSTAGE HOLD | 0.42 |
| 07/28/2008 | H109 | LEGAL POSTAGE HOLD | 0.42 |
| 07/28/2008 | H109 | LEGAL POSTAGE HOLD | 0.42 |
| 07/30/2008 | H118 | LEGAL COPIES HOLD | 3.00 |
| 07/30/2008 | H118 | LEGAL COPIES HOLD | 1.40 |
| 08/07/2008 | H109 | LEGAL POSTAGE HOLD | 3.21 |
| 08/07/2008 | H109 | LEGAL POSTAGE HOLD | 3.21 |
| 08/07/2008 | H109 | LEGAL POSTAGE HOLD | 0.76 |
| 08/07/2008 | H109 | LEGAL POSTAGE HOLD | 0.76 |
| 08/07/2008 | H109 | LEGAL POSTAGE HOLD | 4.80 |

TRUST ACCOUNT SUMMARY

| BEGINNING BALANCE | TOTAL DEPOSITS | TOTAL WITHDRAWALS | CURRENT BALANCE | HOLDS BALANCE | TRANSACTIONS TO BE POSTED |
|----------------------|-------------------|----------------------|--------------------|------------------|------------------------------|
| 0.00 | 0.00 | 0.00 | 0.00 | 20.34 | 0.00 |

CURRENT
AVAILABLE
BALANCE

20.34-

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY *m. jones*
TRUST OFFICER

REPORT ID: TS3030 701

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIPATRIA STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN 01, 2007 THRU AUG 11, 2008

ACCOUNT NUMBER : J25333
ACCOUNT NAME : JANOE, BOBBY SHAWN
PRIVILEGE GROUP :

BED/CELL NUMBER:
ACCOUNT TYPE: T

TRUST ACCOUNT ACTIVITY

| TRAN DATE | CODE | DESCRIPTION | COMMENT | CHECK NUM | DEPOSITS | WITHDRAWALS | BALANCE |
|--------------|------|-------------------|----------------------|-----------|----------|-------------|----------|
| 01/01/2007 | | BEGINNING BALANCE | | | | | 3,941.95 |
| 02/05 | W502 | POSTAGE CHARG | 01/31 4189 | | | 0.63 | 3,941.32 |
| 02/05 | PC05 | DRAW-FAC 5 | A-5 / 4168 | | | 45.00 | 3,896.32 |
| 04/09 | PC05 | DRAW-FAC 5 | A-5 5478 | | | 43.27 | 3,853.05 |
| 04/17 | W415 | CASH WITHDRAW | BOOK 5644 111084813 | | | 12.00 | 3,841.05 |
| 06/14 | W415 | CASH WITHDRAW | BADCK 6874 111085771 | | | 2,021.51 | 1,819.54 |
| 06/14 | W415 | CASH WITHDRAW | BADCK 6874 111085772 | | | 1,298.02 | 521.52 |
| 08/23 | W516 | LEGAL COPY CH | 08-21/1133 | | | 0.20 | 521.32 |
| | | ACTIVITY FOR 2008 | | | | | |
| 05/16 | W520 | MISCELLANEOUS | UNKNOWN6889 | | | 521.32 | 0.00 |

TRUST ACCOUNT SUMMARY

| BEGINNING BALANCE | TOTAL DEPOSITS | TOTAL WITHDRAWALS | CURRENT BALANCE | HOLDS BALANCE | TRANSACTIONS TO BE POSTED |
|----------------------|-------------------|----------------------|--------------------|------------------|------------------------------|
| 3,941.95 | 0.00 | 3,941.95 | 0.00 | 0.00 | 0.00 |

CURRENT
AVAILABLE
BALANCE

0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTN:

DEPARTMENT OF CORRECTIONS
TRUST OFFICE

Jordan